

APPLICATION FOR TAX REFUND

Applicant Name (a your tax bill):	s it appears on		
Correct Name:			
Current Address:			
City, State, Zip:	Telephone:		
Social Security National Secur	O. (last four XXX – XX – Cell Phone:		
Type of Tax:	Real Estate Motor Vehicle Personal Property		
Year of Tax:	Account Bill Date Number: Number: Paid:		
Reason for Refun	d (check all that apply below and see required proof on reverse side):		
CGS 12-71c	- Property Sold, Demolished, Stolen or Owner Moved.		
CGS 12- 81(20)	- Servicemen or Veteran Disability		
CGS 12-126	- Tangible Personal Property Assessed in More Than One Municipality		
CGS 12-127	- Exception for Blindness		
CGS 12-128	- Tax Erroneously Collected from Veteran or Relative		
CGS 12-129	- Excess Payment		
Other	- Please explain:		
 Proof of Paymen receipt from the 0 Valid Photo Ident For Business Perapplicant is author By signing below, acknowledges that 	in the form of copy of cancelled check (front & Back of cancelled check) or cash city or TaxServ (fication (driver's license, non-driver's ID, student ID, etc.) sonal Property a statement of authorization on company letterhead stating that the rized to make this request on behalf of the firm/company. Applicant is applying for a refund of an overpayment of taxes and the City of Hartford and/or TaxServ Capital, LLC (for Motor Vehicle the right to apply any overpayment to existing current or delinquent tax		
Printed Name	Date of Application		
i ilitteu ivallie	Date of Application		
Signature of Applic	ant (taxpayer or agent)		
In	Please Allow Sixty to Ninety Days for Processing quires? Contact the Refund Desk at (860) 757-9632		

CGS 12	-71c:	Property Sold,	Demolished,	Stolen or Owner Moved.		
		Proof required:	Sold Demolished Stolen Owner Move	DMV Registration in new owner's name Insurance Appraisal; Junk Receipt File and Dated Police Report Registration in new location		
CGS 12-	-81(20):	Servicemen or	Veteran Disa	bility		
CGS 12-	-126:	Proof required: Tangible Perso		Record of Disability Assessed in More Than One Munici	pality	
GGS 12-127:		Proof required: Copy of Tax Bill & Assessment in other jurisdiction Exception for Blindness				
CGS 12-128:		Proof required: Medical Proof of Blindness Tax Erroneously Collected from Veteran or Relative				
CGS 12-	-129:	Proof required: Excess Payme	Military Record nt	?		
Other		Proof required: Please explain:	Receipt of Prior	Payment		
		Proof required:	Written Proof o	f Reason		
i Certify tria	it i liave		Olus Ol tile Ta	ax Division of the Department of		
Approved:	Marc S	Finance of the . Nelson, Tax Coll			-	
Approved:				as follows:	-	
Approved:	Amoun	. Nelson, Tax Coll t of Refund	ector	Date Approved Comments	- - -	
	Amoun	. Nelson, Tax Coll	ector	as follows: Date Approved	-	
	Amoun Tax Off	. Nelson, Tax Coll t of Refund	ector e	Date Approved Comments	-	
Denied:	Amoun Tax Off CG evic	. Nelson, Tax Coll t of Refund fice Representativ S 127 1 year of da	ector e ate	Date Approved Comments Date Denied CGS 128 – beyond 6 years of payment	-	
Denied:	Amoun Tax Off CG evic CG due	. Nelson, Tax Coll t of Refund fice Representativ S 127 1 year of da dence received S 129 – beyond 3 ye date	ector e ate	Date Approved Comments Date Denied CGS 128 – beyond 6 years of payment date CGS 12-129 Refund not allowed based on error of		
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Denied: Reason for Denial: Assessor's I certify that	Amoun Tax Off CG evic CG due Pro cou Certifi an adjus	Nelson, Tax Coll t of Refund fice Representativ S 127 1 year of dadence received S 129 beyond 3 year date of of payment was related to the otherwise of the other other of the other other of the other other of the other of the other other of the other other of the other other of the other othe	ector e ate pars of tax into received by Taverified. erpayment/	Date Approved Comments Date Denied CGS 128 – beyond 6 years of payment date CGS 12-129 – Refund not allowed based on error of udgment by Assessor ax Collector and payment by Applicant	associated with this	